



CITY OF West Linn

Safety Town 2011 Supplemental Questionnaire

Name _____

Address _____ City _____ Zip _____

Phone number _____ Email address _____ Age _____

T-shirt size (check one) Small _____ Medium _____ Large _____ X-Large _____

Please choose session am/pm or all day: 10am -Noon _____ 1-3 pm _____ All day _____

Have you been a Safety Town volunteer before?

Why do you think that safety education is important for young children?

Why do you feel you are qualified and would be successful as a Safety Town instructor?

Please note: you must also include two (2) letters of recommendation with your Volunteer application and supplemental questionnaire. Please ask a teacher, coach, church leader or youth group leader to write a recommendation for you and submit with your application materials. Please note: your application materials will be deemed incomplete without two letters of recommendation.